

Downriver Gymnastics

Emergency Information – Participation Agreement – Liability Release

Date of Enrollment:

Updated:

Student's Name:

Age

DOB

Father's name:

Work phone:

Home Phone:

Father's cell:

Email:

Address:

City:

State:

Zip:

Mother's Name:

Work phone:

Home phone:

Mother's address:

City:

State:

Zip:

Mother's cell:

Email:

Person other than parent to be notified in case of an emergency

Name: _____ Phone: _____

Relationship to Student: _____

Participation:

- 1. Readiness to participate:** the student name above is physically and mentally able to participate in all activities associated with the class or classes they are now or will be in the future enrolled at Downriver Gymnastics. Fully informed: The officers and staff of **Downriver Gymnastics** have been informed of any special physical or mental conditions that could influence the type, duration, or intensity of training the student will receive. **Please list allergies, medical conditions or medications that could affect participation in gymnastics classes:**

- 2. Waiver and Release:** I/we are fully aware of appreciate, and accept the risks involved in doing gymnastics and tumbling activities: the risk of catastrophic injury, paralysis and even death. I/we further agree that **Downriver Gymnastics**, along with its employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of the student's participation in this sport.

NO CASH REFUNDS – LATE FEES DUE AFTER 10TH OF MTH OR 4TH WEEK OF SESSION

2 MAKEUPS PER 10 WK SESSION – GYM 1 MAKEUP PER 5 WK SESSION – CHEER

- 3. I HEREBY GIVE MY PERMISSION TO DOWNRIVER GYMNASTICS TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR MY CHILD OF DEEMED NECESSARY:**

Parent or Legal Guardian Signature: _____ Date: _____

How did you find out about us?

Yellow pages/field trip/party/website

Word of mouth? _____

In what ways are you hoping our program will benefit your child?